

ATTACHMENT A
Department of Energy
Acquisition Career Management Program
COR NOMINATION FORM

Name (Last, First, Middle initial): Click here to enter text.

Email Address: Click here to enter text.

Phone: Click here to enter text.

Program Office: Click here to enter text.

Program Office Address: Click here to enter text.

I have reviewed the qualifications of Click here to enter text. and I have determined that he/she meets the requirements to perform the duties of a COR.

Name: Click here to enter text.

(Executive's Name)

Signature: _____ Date: Click here to enter a date.
(Executive's Signature)

(Electronic signatures authorized)

Please send the signed COR Nomination Form to the Site Acquisition Career Manager (SACM).